



APPLICATION FOR EMPLOYMENT

Walsh Performance of NC, Inc. (dba Ian's Body Works) is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; please fill out each box, don't just indicate "see resume".

Position Applying For:	Name (Last, First, Middle):		Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:		
Email Address:	Home Phone:	Work Phone:	Cell Phone:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, what is your current age?	
Have you ever been employed by Ian's Body Works?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, dates of employment & reason for leaving:	
Are you related to any current Ian's Body Works employee(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, their name & their relationship to you?	
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what State, license #, and expiration date:	
How did you learn about this employment opportunity at? Check all that apply:				
<input type="checkbox"/> Employee Referral <input type="checkbox"/> Ad in Newspaper <input type="checkbox"/> Walk-In <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Other: _____				

EDUCATION

Name of School	City/State	Did you Graduate?	If No, # of years left to graduate?	If Yes, date of Graduation	Degree Received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., that are relevant to the job for which you are applying.						

SKILLS – Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert):

WORK EXPERIENCE – Please detail your entire work history and begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary.

PLEASE NOTE: Ian's Body Works reserves the right to contact all current and former employers for reference information.

Dates Employed (<i>most recent</i>) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title & Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title & Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title & Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Ian's Body Works to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Ian's Body Works serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time-off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

Applicant Signature: _____ **Date:** _____